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# No Wrong Door: Virginia's Key Strategic Initiative for Long-Term Care

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## Case Study

### No Wrong Door: Virginia's Key Strategic Initiative for Long-Term Care

by Molly Huffstetler, M.S.W.

#### Educational Objectives

1. Describe the rationale, current activities, and vision for No Wrong Door as it pertains to seniors, adults with disabilities, and their caregivers throughout Virginia.
2. Demonstrate the positive potential for collaboration among local long-term care service providers, both public and private.
3. Illustrate the benefits of coordinating long-term care services for an individual through Virginia's No Wrong Door.

#### Background

Led by the Virginia Department for the Aging, the development of Virginia's No Wrong Door is moving the Commonwealth towards extended independence and an improved quality of life for seniors, persons with disabilities, and their

caregivers. Streamlined, sufficient, and adequately funded long-term support services are integral to the health, safety, and wellness of Virginians. Long-term services encompass a wide array of programs, services, and supports aimed at encouraging self-sufficiency and helping individuals to lead lives as independently and productively as possible.

Virginia needs to have a comprehensive service coordination system which determines an individual's eligibility for assistance, ensures appropriate help, tracks progress, measures results, and identifies gaps in services based on need. While referrals between service providers have long been encouraged, these providers have too often lacked an efficient way, and in many cases a mutual agreement, to share information about an individual. A maze of agencies across Virginia provides services at the local level: 120 departments of social services, 25 area agencies on aging, 34 health departments, 16 centers for independent living, 40 community services boards, and numerous faith based organizations and private non-profits.

In 2004, House Joint Resolution 103 of the Virginia General Assembly directed the Joint Legislative Audit and Review Commission (JLARC) to study the "Impact of Virginia's Aging Population on State Agencies." This study referenced the patchwork approach to service delivery and the challenge it presents in meeting the needs of a rapidly growing aging population. At the same time, JLARC identified an upward trend in the number of adults with disabilities, as well as the fact that aging parents are caring for many of these adults. In 2005, the Virginia General Assembly passed House Joint Resolution Number 657, which requested the Secretary of Health and Human Resources to study the development of a No Wrong Door approach for Virginia's long-term support service system; it would give providers a more seamless method to share information about an individual for whom they provide services, and would spare applicants the process of answering the same questions over and over again.

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## Implementing No Wrong Door

In order to move No Wrong Door forward, Virginia launched the Statewide Advisory Council for the Integration of Community-based Services (SACICS), which included representatives from the majority of state agencies in the Health and Human Resources Secretariat, providers of long-term care supports, private non-profit partners, and self and family advocates. The group served in an advisory capacity in overseeing the initial development of a No Wrong Door pilot system, as well as working together to address: 1) interagency collaboration; 2) security, consent, and individual privacy; 3) data use and storage policies; and, 4) benchmarks and outcomes. As the No Wrong Door initiative continues to grow, the SACICS has been re-structured into the acting No Wrong Door resource team. The team includes additional representation from the disability community, as well as private providers. The resource team continues to meet monthly to provide a framework for the expansion of No Wrong Door across the Commonwealth.

The No Wrong Door approach to long-term care service delivery is designed to enable individuals to access support services through any agency or organization using one mechanism. No Wrong Door creates a coordinated system of accessible information for all persons seeking long-term support, minimizes confusion, enhances individual choice, and supports informed decision-making. Through a web-based system, No Wrong Door will improve coordination of care by allowing health and long-term sup-

port information to be shared electronically among providers.

There is substantial support at both federal and state levels for the creation of a collaborative long-term care services system. In 2005, through the guidance of the Secretary of Health and Human Resources, Virginia applied for and received a federal Aging and Disability Resource Center (ADRC) grant to develop and pilot a No Wrong Door system. The creation of the ADRC grant was a joint effort of the Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS). In the fall of 2006, again under the guidance of the Secretary of Health and Human Resources, Virginia applied for and received a Systems Transformation Grant (STG) from CMS. The STG is helping to implement and expand the No Wrong Door initiative in Virginia, while also enhancing it by providing greater awareness, information and assistance; streamlining the eligibility processing system; and expanding the focus to include individuals with disabilities who are at risk for institutionalization. At the state level, the 2007 General Assembly supported the No Wrong Door with a budget amendment, which has spurred local community support for the initiative.

Virginia is now implementing the first phase of a No Wrong Door approach to long-term supports through six local Area Agencies on Aging (AAA). Three more agencies will be brought on board during 2008. These local sites have been directly involved in helping to design technology and build community collaboration for the contin-

ued expansion of No Wrong Door.

## Case Studies

Helen is 84, widowed for a little less than a year. She suffered a stroke two months ago and, with her only daughter living several hundred miles away, she is alone. Though living alone is very difficult for Helen, she does not wish to move away from the home she and her husband lived in for almost 50 years. With continued encouragement from her daughter, Helen decided to contact the local Area Agency on Aging (AAA) to see if she could receive any assistance that would allow her to continue living at home. The care coordinator from the AAA visited Helen at home and conducted an assessment, which is entered into No Wrong Door's HIPAA-compliant shared client database. The evaluation revealed that she has mild memory loss, is incontinent, and is lonely. The information collected interfaces with SeniorNavigator (a service provider database) and returns matches according to her needs. Helen and the care coordinator discussed which of the available long-term supports would best suit Helen's situation. She explained to the care coordinator that she wants her daughter to have access to any of the information collected about her and this information is documented in Helen's electronic file. Helen decided that if she could go to an adult daycare center, she might be able to make new friends, and the nursing staff there would attend to her health needs. The care coordinator used the No Wrong Door technology to make an electronic referral to the adult daycare center and also arranged transporta-

tion for her intake appointment. Helen asked if they could call her daughter to inform her of the decision. Helen's daughter was delighted and supportive of her mother's decision.

Two days later the transportation service picked Helen up and delivered her to the intake meeting at the adult daycare center. When Helen met the social worker at the center, the social worker had already received and assessed Helen's information; Helen was relieved that she did not have to re-tell her story or review her medical problems with the social worker. The two of them discussed what types of activities she would like to be involved in at the center, and Helen decided to attend three days a week. Concerned about her ability to cook for herself, the social worker asked if Helen would be interested in home delivered meals. Helen was grateful to receive the help and a referral was made to Meals on Wheels. The social worker set up transportation arrangements with Helen, the referral to the transportation agency again being made through the No Wrong Door system.

Having attended the adult daycare center for only four weeks, Helen is thriving and excited to be in a new environment. She is interacting with new friends, is knitting again, and has recently decided to take part in a weekly trip to read to the 2nd graders at a local elementary school. The social interaction has boosted Helen's morale and the cognitive interaction provided by the activities at the center is helping to keep her mind sharp with no significant memory lapse to note. The

nurses at the center are making sure that Helen's incontinence is kept under control and her overall status is being documented in her electronic file in the No Wrong Door database, allowing the original care coordinator to view Helen's current status.

Through No Wrong Door, Helen has been able to coordinate and receive long-term supports from four different service providers. Not only is Helen able to navigate the system, but every provider is also able to access her information prior to their interaction with her. Because of the community collaboration and the dedication of the long-term care providers, Helen is happy, healthy, and continues to live at home.

Henry is 60 and has a traumatic spinal cord injury. He lives at home with his wife, Paula. He is very engaged and social. However, his family became increasingly concerned about his living at home because he can no longer walk and Paula no longer has the strength to help him. Henry's son lives in the same county but does not think that he can take his mother and father into his small home. Together, the family decided to seek options that would allow Henry to remain in his own home, while lessening the potential health and safety risks facing the couple.

Having recently picked up information about local community supports, Henry's son encouraged him to contact the local Area Agency on Aging (AAA). Henry and Paula called the AAA and set up an appointment for a care coordinator to come to their home and complete

an assessment that would identify all options for long term care supports. When the care coordinator arrived, they discussed their current situations and described their day-to-day living. The care coordinator conducted an assessment which was entered into No Wrong Door's HIPAA-compliant shared client database. Based on the assessment, needs were identified: Henry is unable to walk and requires a wheel chair; it is becoming increasingly difficult for his wife to serve as the primary caregiver; there are also slight home modifications that would allow Henry to move around his home more freely. The collected information interfaced with SeniorNavigator's database which returned matches according to his needs.

Henry and Paula decided that having a home health nurse would be their first priority; they also are interested in the home modifications. With this information, the care coordinator used the No Wrong Door technology to make an electronic referral to the local home health organization and to the local non-profit that offers affordable home modifications. A nurse from the home health agency called Henry the following day to set up an appointment for a home-visit. Because Henry's information was already captured in the No Wrong Door system, the nurse just verified that the information was correct and asked a few more medical questions, in order to ensure that Henry's needs would be met. His greatest needs are for a nurse at night, when preparing for and getting into bed, and in the morning when he gets up, bathes, and prepares for the day. Henry, Paula, and

the home health nurse decided that they would arrange for a nurse for four hours a day; two in the morning and two at night. The nurse also assisted them in working with the insurance company for payment purposes. As for the home modifications, a representative from the non-profit arranged to come to their home to evaluate the door-frame that needed to be expanded and the transformation of a small staircase into a ramp. After the assessment, the non-profit used their sliding-scale fee to identify the cost of the project and worked with Henry and Paula in setting up a six-month payment plan.

Henry continues to live in the home with his wife. At present, they see no need to extend the nurse's hours. The minor home modifications have given Henry the ability to maneuver his wheelchair throughout the house and putting a ramp over the small staircase has made Henry much less dependent on his wife for mobility. Because of the network of providers established through No Wrong Door, Henry was able to coordinate and receive services from three different services providers and only had to tell his story once. All up-dates and interactions made by these agencies are recorded in Henry's automatic case file and can be seen by the original care coordinator as well.

## Conclusion

The No Wrong Door initiative works. It must continue to grow in order to make Helen's and Henry's stories a reality throughout the Commonwealth. Dedicated leaders, advocates, providers, and individuals statewide are working together

to have No Wrong Door operational across Virginia by 2010. The No Wrong Door web portal will be available for access by June of 2008, giving No Wrong Door its first permanent home. This portal will serve as the entry point for individuals, their caregivers, and service providers. Additionally, the Virginia Department for the Aging, the Virginia Department of Social Services, and the Department of Medical Assistance Services have forged a strong collaboration in the development of an automated Aged, Blind, and Disabled (ABD) Medicaid application. This application is currently available in pdf format, accessible on the Virginia Department of Social Services website; it, too, will be available electronically in June 2008.

No Wrong Door seeks to improve the individual's experience in seeking needed long-term care services and the provider's experience in delivering them. The ultimate goal is to make it possible for all of Virginia's seniors and adults with disabilities to understand their available choices and to gain those services that best meet their long-term care needs, no matter where they begin the process. The Commonwealth is forging ahead with the development of No Wrong Door, seeing it as a valuable means of helping Virginians to continue in their communities, remain as independent as their health allows, and participate in educational, cultural, and recreational activities.

## Study Questions

1. What difficulties in accessing services does the No Wrong Door system minimize?

2. How does No Wrong Door assure the confidentiality of the information it acquires?
3. List the steps that No Wrong Door has taken to foster inter-agency collaboration and shared policies for practice.

## About the Author



Molly Huffstetler, MSW, is the No Wrong Door Coordinator at the Virginia Department for the Aging. Previously, she worked in a policy capacity in the Research and Policy Division at the Department of Medical Assistance Services with the Systems Transformation Grant work group and the Money Follows the Person grant writing team. She also served on the "Own Your Future" long-term care awareness campaign implementation taskforce. She received her Master in Social Work Administration, Planning, and Public Policy from Virginia Commonwealth University.